



REFUND REQUEST FORM

Participant's Name: _____

Program Name: _____ Activity #: _____

Reason for withdrawal: _____

VERIFICATION:

1. Attach copy of original receipt.
2. Include any additional documentation applicable to this request. (Example: Note from doctor for medical release or emergency.)

I originally paid with: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CREDIT FROM ACCOUNT	I would like my refund in the form of: <input type="checkbox"/> MAILED CHECK- For all cash and check transactions. <input type="checkbox"/> CREDIT CARD
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ORIGINAL PAYER/PARENT	
NAME (ADULT):	HOME PHONE :
ADDRESS/CITY/ZIP:	WORK PHONE :
E-MAIL ADDRESS:	CELL PHONE:

CLASS REFUND POLICY: This form must be submitted as a request to withdraw from a class 7 working days prior to the start date in order to receive a refund. When a class begins we are unable to refund any portion of your fee. A full refund is granted if the class is canceled by the Morgan Hill Recreation and Community Services Department. **All personal training refunds are subject to a 5% processing fee.**

CUSTOMER'S Signature _____ Date _____

(Received by) STAFF Signature _____